MULTIPLE DEED DENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

10/500148 7 9 04 APPLICANTS

CLAIMS

\vdash	CLAIMS													
	AS FILED		AFTER LIM AMENDMENT		AFTER 334 AMERICANT		·		as filed		AFTER		AFTER	
<u> </u>	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1								51						
2	<u> </u>		·					52						
3	<u> </u>		·					53						
4								54						
5								55						
6	—			/_				56						
7				/				57						<u> </u>
8								58						
9								59						
10	<u> </u>							60		•				-
11								61						
12								62						
13								63						
14								64						
15								65						
16							I	66						
17						·	f	67						
18							ı	68						
19							I	69		$\overline{}$				
20								70						
21							Ī	71		_		-+		
22		<u> </u>						72				-		
23								73						
24								74						
25								75.						
26 .								76						
27			.					77						
28								78						
29							-	79		- 				
30								80						
31							F	81			-+			$-\!\!-\!\!\!-\!\!\!\!-$
32								82	_	-	-	\rightarrow		
33								83						
34								84	-					
35								85	_					

IN 1 DG 8 TOTAL 9